

**Sexual Health Services Data Group**  
**Recommended minimum data-sets for level 1, level 2 and**  
**level 3 elements of care**

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## SUMMARY OF MINIMUM DATA-SET FOR SEXUAL HEALTH SERVICES

<i>Data item</i>	<i>Purpose</i>		<i>Service level</i>		
	Health care	Surveillance	1	2	3
<b>Clinic information</b>					
Clinic ID code	+	+	+	+	+
<b>Patient information</b>					
Patient (Clinic) number	+	+	+	+	+
NHS number	+	+ <sup>1</sup>	+	+	+
Date of first attendance (at this clinic/surgery)	+	+	+	+	+
Sex	+	+	+	+	+
Date of birth	+	+	+	+	+
Postcode of residence	+	+ <sup>2</sup>	+	+	+
PCT of residence	+	+	+	+	+
Ethnicity	+	+	+	+	+
Country of birth	+	+	+	+	+
Sexual orientation (males and females)	+	+	+ <sup>3</sup>	+ <sup>3</sup>	+
History of previous STI	+	+	-	-	+
<b>Attendance/episode information</b>					
Date of attendance	+	+	+	+	+
Item of service provided/reason for attendance/diagnosis	+	+	+	+	+
New sexual partner in the last 3 months?	+	+	+	+	+
If yes, new partner male or female?	+	+	+ <sup>3</sup>	+ <sup>3</sup>	+
Two or more sexual partners in the last year?	+	+	+	+	-
Sex abroad (other than with travelling partner) in the last year?	+	+	+ <sup>3</sup>	+ <sup>3</sup>	+
Number of male partners in the last 3 months?	+	+	-	+ <sup>3</sup>	+
Number of female partners in the last 3 months?	+	+	-	+ <sup>3</sup>	+
Number of male partners in the last 12 months?	+	+	-	+ <sup>3</sup>	+
Number of female partners in the last 12 months?	+	+	-	+ <sup>3</sup>	+
Number (and outcome) of previous pregnancies?	+	-	+ <sup>3</sup>	+ <sup>3</sup>	+ <sup>3</sup>

<sup>1</sup> Encrypted NHS number only

<sup>2</sup> Post-code sector only

<sup>3</sup> Selected services only

## BACKGROUND

This document summarises discussions by the Sexual Health Services Data Group<sup>1</sup> on the requirements for a minimum data-set to be collected for the three levels of sexual health service provision detailed in the Department of Health's Sexual Health and HIV Strategy document. The Advisory group for the Programme of Enhanced STI Surveillance (ProgrESS)<sup>2</sup> have also contributed to the discussions on a minimum data-set for level 3 services and their comments are included.

It is important to recognise at the outset that the data are being collected for two separate and distinct purposes:

1. The adequate provision of sexual health care services. For example, proper detailed sexual histories are required to undertake partner notification (currently a level 2 service) and all clinics providing this service will need to collect this information. Some recognition of sexual history is necessary for the provision of all elements of sexual health care.
2. The surveillance of sexual health in order to describe and investigate trends in the incidence of sexually transmitted infections (STIs), determine risk groups, identify outbreaks and to use this information to develop appropriate interventions. Surveillance occurs at the local and national level and will require more detailed information at the local level.

In the table that follows, data requirements are divided into 3 sections: clinic information, patient information and attendance/episode information. The table does not include a comprehensive list of reasons for attendance or type of diagnosis, only a summary of the range of items this will cover. **A comprehensive list of reasons for attendance and diagnoses are being developed in detail and will be presented in a subsequent paper.** Justifications for the inclusion of the various data items in the minimum data-set are given with respect to the different service levels. The table also indicates whether data would be collected to facilitate appropriate healthcare provision and/or whether they are for surveillance purposes.

The elements of care to be provided by the three levels of service provision are shown in the box.

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<sup>2</sup> Current members (provisional) are: J Bingham, M Catchpole, M Davis, K Fenton, G Hughes, B Goh, M Hickman, C Ison, G Kinghorn, N Low, H Maguire, A Nayagam, D O'Sullivan, A Renton, A Lodwick

## **BOX. ELEMENTS OF CARE TO BE PROVIDED BY THE THREE LEVELS OF SERVICE PROVISION DETAILED IN THE SEXUAL HEALTH AND HIV STRATEGY**

### **Level 1**

- Sexual history taking and risk assessment
- STI testing for women
- HIV testing and counselling
- Pregnancy testing and referral
- Contraceptive information and services
- Assessment and referral of men with STI symptoms
- Cervical cytology screening and referral
- Hepatitis B immunisation

### **Level 2**

- Intrauterine device (IUD) insertion
- Testing and treating sexually transmitted infections
- Vasectomy
- Contraceptive implant insertion
- Partner notification
- Invasive tests for sexually transmitted infection for men (until non-invasive tests are available)

### **Level 3**

Level three clinician teams will take responsibility for sexual health services needs assessment, for supporting provider quality, for clinical governance requirements at all levels, and for providing specialist services. Services could include:

- Outreach for sexually transmitted infection prevention
- Outreach contraception services
- Specialised infections management, including coordination of partner notification
- Highly specialised contraception
- Specialised HIV treatment and care.

**TABLE. DATA REQUIREMENTS FOR SEXUAL HEALTH MONITORING: LEVEL 1, 2 AND 3 SERVICES**

**1. Clinic information**

Data field	Service level	Justification	Comments	Purpose of collection	
				Health care	Surveillance
Clinic ID code	1, 2 and 3		Central coding system with associated contact information	yes	yes

**2. Patient information**

Clinic number	1, 2 and 3	<p>Necessary to link patient records within clinic to</p> <ul style="list-style-type: none"> <li>• count numbers of patients attending that clinic</li> <li>• examine reattendance</li> <li>• examine concurrent diagnoses/episodes</li> </ul>	<p>Will become redundant if NHS number becomes more routinely available.</p> <p><b>Advantages:</b> All clinics can provide this information.</p> <p><b>Disadvantages:</b> Cannot link patient records between clinics</p>	yes	yes
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## 2. Patient information (Cont'd)

Data field	Service level	Justification	Comments	Reason for collection	
				Health care	Surveillance
NHS number (encrypted) <i>or</i> Soundex code and first initial	1, 2 and 3	<p>Necessary to link patient records between clinics to</p> <ul style="list-style-type: none"> <li>count numbers of patients accessing different services</li> <li>examine attendance patterns at, and use of, different services to help identify needs</li> </ul>	<p><b>Advantages:</b></p> <ul style="list-style-type: none"> <li>NHS number would be the most obvious and easiest way of linking electronic patient records across services as it is a unique patient number.</li> <li>NHS Information Authority has developed software which allows an immediate NHS number look-up using name and area of residence (Exeter system). Available via the Internet (secure).</li> </ul> <p><b>Disadvantages:</b></p> <ul style="list-style-type: none"> <li>Real concerns about confidentiality, however, encryption software is now available which permits matching based on encrypted NHS number. Encryption cannot be reversed easily and safeguards would be put in place to ensure that encryption reversal was never attempted.</li> <li>NHS number is rarely available currently</li> <li>The viability of matching millions of records by soundex and DOB has yet to be tested as an alternative method of linking.</li> <li>Computer systems would require a specific programme to generate soundex codes to be installed.</li> </ul>	yes	Encrypt-ed only

## 2. Patient information (Cont'd)

Data field	Service level	Justification	Comments	Reason for collection	
				Health care	Surveillance
Date of first attendance (at this clinic)	1, 2 and 3	Many Sexual Health Strategy 'targets' are directed at new attenders, therefore it is necessary to collect this to monitor whether targets are being met.	<ul style="list-style-type: none"> <li>It would be necessary at the outset to collect this information as first attendances will be prior to the system being introduced.</li> <li>However, in the longer term this would not be necessary as it would be calculable looking at dates of attendance by individual patients.</li> </ul>	yes	yes
Sex	1, 2 and 3			yes	yes
Age / date of birth	1, 2 and 3	<ul style="list-style-type: none"> <li>Monitoring teenage pregnancy</li> <li>Age is an important determinant of STI distribution</li> </ul>	Date of birth will be easier to extract from existing systems than age	yes	yes
Postcode of residence	1, 2 and 3	<ul style="list-style-type: none"> <li>Strong evidence from <i>ad hoc</i> studies that area of residence is a strong predictor of sexual ill health (e.g. teenage conceptions, terminations, STIs)</li> <li>Need ongoing monitoring of inequalities in sexual health by area of residence so that those PCTs in greatest need can be identified</li> <li>Allocation of funding for sexual health services</li> <li>Improve understanding of the relationship between socio-economic status and sexual ill health and thereby help develop better interventions</li> </ul>	<p>It was recognised that whilst full postcode may be required locally, it was probably only justified to collect postcode sector nationally.</p> <p><b>Advantages:</b></p> <ul style="list-style-type: none"> <li>This information will already be collected for most patients as part of routine care.</li> </ul> <p><b>Disadvantages:</b></p> <ul style="list-style-type: none"> <li>Confidentiality concerns when using for surveillance. Overcome by using postcode sector only and by combining sectors where the resident population is small. PCT of residence will also be collected independently (see below).</li> </ul>	yes	Postcode sector only

## 2. Patient information (Cont'd)

Data field	Service level	Justification	Comments	Purpose of collection	
				Health care	Surveillance
PCT of residence	1,2 and 3	<ul style="list-style-type: none"> <li>• Post-code sector will not allow PCT to be derived in all cases</li> <li>• PCT of residence important for the commissioning of services</li> </ul>	<ul style="list-style-type: none"> <li>• Ideally, this would be automatically generated from post-code by clinic/surgery software</li> </ul>	yes	yes
Ethnicity	1, 2 and 3	<ul style="list-style-type: none"> <li>• Strong associations between STI distribution and ethnic group have been identified in <i>ad hoc</i> research studies.</li> <li>• Need ongoing monitoring of inequalities in sexual health especially in ethnic minorities.</li> <li>• Development of targeted interventions and monitoring their impact.</li> </ul>	<ul style="list-style-type: none"> <li>• Patients would be asked to select their ethnic group from a standardised adaptation of the 2001 census categories.</li> <li>• Ethnicity would not be defined by clinicians or receptionists.</li> </ul>	yes	yes
Country of birth	1, 2 and 3	<ul style="list-style-type: none"> <li>• Certain immigrant populations at high risk of STI especially HIV</li> <li>• Need ongoing monitoring of inequalities in sexual health especially in immigrant populations.</li> </ul>	<p><b>Advantages:</b></p> <ul style="list-style-type: none"> <li>• Can make comparisons with trends identified in the UA GUM anonymous survey</li> </ul> <p><b>Disadvantages:</b></p> <ul style="list-style-type: none"> <li>• Certain amount of duplication with ethnic group (ethnic group may be better marker of risk)</li> </ul>	yes	yes

## 2. Patient information (Cont'd)

Data field	Service level	Justification	Comments	Purpose of collection	
				Health care	Surveillance
Sexual orientation (males and females)	<p><b>Some level 1:</b></p> <ul style="list-style-type: none"> <li>Sexual history and risk assessment,</li> <li>Assessment and referral of men with STI symptoms,</li> <li>HIV testing and counselling,</li> <li>Hep B vaccination</li> </ul> <p><b>Some level 2:</b></p> <ul style="list-style-type: none"> <li>Testing and treating STIs</li> <li>Partner notification</li> <li>Invasive STI testing in men</li> </ul> <p><b>All level 3</b></p>	<ul style="list-style-type: none"> <li>Necessary history taking prior to the provision of all level 3, most level 2 and some level 1 services to assess an individual's risk of STI (especially HIV) and whether there is a need to vaccinate against Hep B.</li> <li>Sexual orientation is a strong marker of STI risk with homo/bisexual men being at especially high risk.</li> <li>STI trends can differ substantially by sexual orientation</li> <li>Interventions need to be tailored and relevant to particular risk groups affected</li> <li>Growing interest in STIs in homo/bisexual women as a distinct group. Some papers suggesting they may be at particular risk of some infections.</li> <li>Sexual orientation should always be collected as information on previous partners at a given attendance is not always available</li> </ul>	<p><b>Disadvantages:</b></p> <ul style="list-style-type: none"> <li>May be some unwillingness by some GPs to discuss and uncover and therefore difficult to collect. However, it is difficult to see how they can assess risk to provide these services if they do not ask this question.</li> </ul>	yes	yes

## 2. Patient information (Cont'd)

Data field	Service level	Justification	Comments	Purpose of collection	
				Health care	Surveillance
History of previous STI	All level 3	This is a strong marker of 'high risk' for current or future STI	<b>Disadvantages:</b> <ul style="list-style-type: none"> <li>Probably only collected in level 3 services</li> <li>May be little added value for surveillance purposes</li> </ul>	yes	Yes
How many previous pregnancies have you had?	Some level 1: <ul style="list-style-type: none"> <li>Contraceptive information and services</li> </ul> Some level 2: <ul style="list-style-type: none"> <li>IUD insertion</li> <li>Contraceptive implant insertion</li> </ul> Some level 3 <ul style="list-style-type: none"> <li>Outreach contraception services</li> <li>Highly specialised contraception</li> </ul>	<ul style="list-style-type: none"> <li>Necessary history taking for all contraception management and family planning advice</li> <li>Teenage conceptions strongly associated with social deprivation</li> <li>History of ectopic pregnancy may indicate previous or ongoing risk of STI.</li> </ul>	The number of various previous pregnancy outcomes would be categorised as: <ul style="list-style-type: none"> <li>Full term</li> <li>Miscarriage</li> <li>Still birth</li> <li>TOP</li> <li>Ectopic</li> </ul>	yes	no

### 3. Attendance/episode information

Data field	Service level	Justification	Comments	Purpose of collection	
				Health care	Surveillance
Date of attendance	1, 2 and 3	Time trends analyses		yes	yes
Item of service provided/ Reason for attendance (sexual health)	1, 2 and 3		<p>This would include:</p> <ul style="list-style-type: none"> <li>• STI screen including HIV testing</li> <li>• STI diagnosis and treatment including HIV</li> <li>• Cervical smears</li> <li>• Contraception advice</li> <li>• Contraception provision/management</li> <li>• Fertility issues, including pregnancy testing, fertility problems</li> <li>• HepB immunisation</li> <li>• Whether patient referred elsewhere</li> </ul> <p>These categories would be sub-divided into specific codes e.g. the STI diagnosis codes would be based on KC60 codes or similar. A considerable amount of work is required to develop these codes.</p>	yes	Yes, some levels of detail may not be necessary at the national level

**3. Attendance/episode information (cont'd)**

Data field	Service level	Justification	Comments	Purpose of collection	
				Health care	Surveillance
<p>Have you had a new sexual partner in the last three months?</p> <p><i>or</i></p> <p>Have you changed sexual partners in the past year?</p>	1, 2 and 3	<ul style="list-style-type: none"> <li>Necessary history taking prior to the provision of all level 3 services (and also most level 1 and 2 services) to assess an individual's risk of STI, whether there is a need to screen for STI and where a positive diagnosis is made to initiate partner notification.</li> <li>May be a key indicator for refining the Chlamydia screening model</li> <li>The first question can be used to help elucidate and compare transmission dynamics of different STIs. An important element of mathematical models on the transmission dynamics of STIs is the relationship between the number of new sexual partners and the total number of partners.</li> </ul>	<p><b>Disadvantages:</b></p> <ul style="list-style-type: none"> <li>Concerns over GPs who are providing level 1 and 2 services having difficulty approaching sexual history taking.</li> </ul>	yes	yes

**3. Attendance/episode information (cont'd)**

Data field	Service level	Justification	Comments	Purpose of collection	
				Health care	Surveillance
If yes, was the new partner male or female?	<p><b>Some level 1:</b></p> <ul style="list-style-type: none"> <li>• HIV testing and counselling,</li> <li>• Hep B vaccination</li> </ul> <p><b>Some level 2:</b></p> <ul style="list-style-type: none"> <li>• Testing and treating STIs</li> <li>• Partner notification</li> <li>• Invasive STI testing in men</li> </ul> <p><b>All level 3</b></p>	<ul style="list-style-type: none"> <li>• Monitoring DH strategy targets on HIV testing and Hepatitis B vaccination of homo/bisexual men</li> <li>• Can be used to help elucidate and compare STI transmission dynamics in different population groups i.e. homosexual, bisexual, heterosexual.</li> </ul>	<p><b>Disadvantages:</b></p> <ul style="list-style-type: none"> <li>• Concerns over GPs who are providing level 1 and 2 services having difficulty approaching sexual history taking.</li> </ul>	yes	yes

### 3. Attendance/episode information (cont'd)

Data field	Service level	Justification	Comments	Purpose of collection	
				Health care	Surveillance
Have you had 2 or more sexual partners in the last year?	1 and 2 only	<ul style="list-style-type: none"> <li>• 2 or more partners was found to be the best discriminator of chlamydial infection (along with age) in attenders at general practice in a study by Grun <i>et al.</i><sup>1</sup></li> <li>• STI (and possibly unwanted pregnancy) strongly associated with the number of sexual partners.</li> <li>• As STI epidemiology evolves it is important to monitor sexual partner change as the risks for acquiring a given STI may change as it becomes more or less common.</li> <li>• Monitor sexual behaviour in populations attending for sexual health services</li> </ul>	<p><b>Advantages:</b> In a GP/FP setting, may be easier to ask this vaguer question than a specific question on the actual number of partners.</p> <p><b>Disadvantages:</b> Concerns over GPs who are providing level 1 and 2 services having difficulty approaching sexual history taking.</p>	yes	yes
Have you had sex abroad in the last year (other than with your travelling partner)?	<p><b>Some level 1:</b></p> <ul style="list-style-type: none"> <li>• HIV testing and counselling,</li> <li>• Hep B vaccination</li> </ul> <p><b>Some level 2:</b></p> <ul style="list-style-type: none"> <li>• Testing and treating STIs</li> <li>• Partner notification</li> <li>• Invasive STI testing in men</li> </ul> <p><b>All level 3</b></p>	<ul style="list-style-type: none"> <li>• Necessary to determine whether partner contactable</li> <li>• Monitor the proportion of infections which are imported and hence assess the relative risk associated with sex abroad.</li> </ul>		yes	yes

<sup>1</sup> Grun L, Tassano-Smith J, Carder C, Johnson AM, Robinson A, Murray E, Stephenson J, Haines A, Copas A, Ridgway G. Comparison of two methods of screening for genital chlamydial infection in women attending in general practice: cross sectional survey. *BMJ* 1997 Jul 26;315(7102):226-30.

**3. Attendance/episode information (cont'd)**

Data field	Service level	Justification	Comments	Purpose of collection	
				Health care	Surveillance
How many partners have you had in the past 3 months? [male and female separately]	<p><b>Some level 2:</b></p> <ul style="list-style-type: none"> <li>Partner notification</li> </ul> <p><b>All level 3</b></p>	<ul style="list-style-type: none"> <li>Necessary history taking prior to the provision of all level 3 services (and some level 2 services)</li> <li>Can be used to help elucidate and compare transmission dynamics of different STIs. An important element of mathematical models on the transmission dynamics of STIs is the relationship between the number of new sexual partners and the total number of partners.</li> <li>As STI epidemiology evolves it is important to monitor sexual partner change as the risks for acquiring a given STI may change as it becomes more or less common.</li> </ul>	<p><b>Disadvantages:</b></p> <ul style="list-style-type: none"> <li>Concerns over GPs who are providing level 1 and 2 services having difficulty approaching sexual history taking.</li> </ul>	yes	yes

**3. Attendance/episode information (cont'd)**

Data field	Service level	Justification	Comments	Purpose of collection	
				Health care	Surveillance
How many partners have you had in the past 12 months? [male and female separately]	<p><b>Some level 2:</b></p> <ul style="list-style-type: none"> <li>Partner notification</li> </ul> <p><b>All level 3</b></p>	<ul style="list-style-type: none"> <li>As above</li> </ul>	<p><b>Disadvantages:</b></p> <p>Concerns over GPs who are providing level 2 services having difficulty approaching sexual history taking.</p>	yes	yes